



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

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Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Maternal, Child and Family Health Services  
Public Health Laboratory  
PH Nursing  
Border Health  
TB Control & Refugee Health  
Vital Records

Base Station Physicians' Committee  
Jamil Madati, M.D., Chairperson  
c/o Emergency Medical Services  
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### BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, July 17, 2012

#### Members Present

Dunford, M.D., Jim – City of S.D. Medical Director  
Grad, M.D., Michele – Palomar BHMD  
Haynes, M.D., Bruce – County EMS  
Klingensmith, Todd – S.D. Paramedic Association  
Kramer, M.D., Mark – Sharp Memorial BHMD  
Madati, M.D., Jamil – Children's Hospital ED MD  
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC  
Miller, M.D., Alexander - NMCSO  
Reilly, M.D., Ian – Scripps La Jolla BHMD  
Schwartz, M.D., Brad – AMR/RCCP Medical Director  
Smith, D.O., Ryan – Tri-City Medical Center  
Wang, M.D. Marcus – Scripps Mercy BHMD

#### County Staff

Smith, R.N., Susan

#### Recorder

Loginov, Clara

#### In Attendance

Aker, Donna Kelly – UCSD ROC  
Anderson, R.N., Marilyn – Vista Fire  
Bourdon, R.N., Darlene – Scripps Mercy BHNC  
Cavanaugh, Mary – Miramar Fire

#### In Attendance (con'd)

Conover, William – Camp Pendleton Fire  
Dotson, R.N., Melody - UCSD  
Duffy, Jennifer – Escondido/San Marcos  
Foehr, Rick – EMSTA College  
Graydon, R.N., Cheryl – Palomar BHNC  
Howard, R.N., LuAnn – Scripps La Jolla  
Idman-Gervais, R.N., Dianne – Sharp Grossmont  
Kahn, M.D., Chris – UCSD  
Lindsey, Matt – North County Fire  
Lofvendahl, Scott – Escondido Fire  
Ninberg, R.N., Lori – Rady Children's Hospital  
Ochs, R.N., Ginger – S.D. Fire Department  
Ordille, Pete – Palomar College  
Rodriguez, Felipe – Oceanside Fire  
Rosenberg, R.N., Linda – Sharp Memorial BHNC  
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.  
Russo, R.N., Joe – Rural Metro/CSA-17  
Seabloom, R.N., Lynne – Oceanside Fire  
Serra, M.D., John - UCSD  
Sullivan, Don – AMR  
Vilke, M.D., Gary – Beacon/ROC  
Wood, Jaimie – Navy Fire Southwest  
Young, R.N., Jackie – Sharp Memorial

**I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

Jamil Madati, M.D., called the meeting to order at 11:08 a.m. Attendees introduced themselves.

**II. APPROVAL OF MINUTES**

**A motion was made by Alexander Miller, M.D., to approve the minutes of June 19, 2012, seconded by Mark Kramer, M.D. Motion carried.**

**III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)**

- A. Protocol review will be taking place in the fall; anyone with suggestions should submit them to Dr. Haynes or Susan Smith, R.N.
- B. Palomar Hospital will be moving into a new facility on Sunday, August 19, 2012. The hospital will be on bypass for trauma patients from midnight to approximately noon, but they may go off bypass sooner if everything goes smoothly.
- C. Updated instructions on dilution of epinephrine were sent out recently, as there has been a shortage primarily of pre-fills of 1:10,000 epinephrine. No one came forward to say they have had to dilute epinephrine, but EMS is monitoring the situation. If dilution is necessary, the instructions should be followed carefully, and the solution should not be prepared in advance or saved.
- D. Training for iQCS is ongoing. The current focus with iQCS is load testing.
- E. Obtaining field 12-leads early was emphasized, as it's important for the hospital to know as soon as possible when a STEMI has occurred.
- F. Meetings with Beacon regarding implementing the flow of patient records are ongoing. These records will include field 12-leads.
- G. EMS and Public Health have a monitoring system in place for elevated summer temperatures. When temperatures reach a certain level, outreach will be done, including notifying the community of public cooling centers and encouraging community members to check on elderly neighbors.
- H. The State has convened a working group to look into community paramedicine, which could increase the role of paramedics within the community to include things such as minor trauma care or disease management in rural communities.
- I. There are a number of regulations expected from the state EMSA shortly. The paramedic regulations were reviewed at a recent meeting, and some changes were made, primarily moving items from the optional scope of practice to the basic scope of practice and moving

some medications to the optional scope for interfacility transfer. New regulations pertaining to EMS for children, STEMI, and stroke systems are also expected.

- J. The VA began a homeless veterans' initiative. An email address and website where materials can be obtained was provided.
- K. At last month's PAC meeting, there was an audit of charcoal use. It was found that the one-hour interval for administering charcoal after the ingestion of a substance had very high compliance, but the requirement of contacting a poison center when charcoal was administered was less so.
- L. Trauma surgeons have asked that protocols for reversals for patients who have been given anticoagulants or antiplatelets be distributed to emergency rooms. This was sent out to ED medical directors.
- M. The Office of the Medical Examiner had a news conference regarding their annual report for 2011. Suicide was the leading cause of the deaths that they examined, with overdose from prescription drugs second. Vehicle crashes were down, coming in third. 2011 was the first year to see deaths from the drug "bath salts"; there were three deaths related to the drug. Homicides were at their second lowest number since they began being reported in 1988.

#### **IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)**

- A. The HPP 11 grant is in progress; all hospitals have submitted their data to the County.
- B. There has been discussion of the use of Amateur Radio Emergency Service (ARES), who an integral part of the disaster system. An effort will be made to give them more scenarios, and it was encouraged that disaster coordinators take time to work with ARES.
- C. The next drill will be taking place in November, and will be an earthquake scenario.
- D. The Office of Emergency Services (OES) is offering several upcoming training courses, with schedules available on their website. There will be training on NIMS, HICS, SEMS, and WebEOC. There will be an all-day training covering all of these topics, as well.
- E. The Emergency Operations Center (EOC) has been activated twice so far this fire season. October is usually the most active month for wild fires.

#### **V. BEACON UPDATE (Gary Vilke, M.D.)**

- A. There was a recent Beacon presentation at a Cardiology Advisory Committee (CAC) meeting, and the cardiologists responded positively to the EKG transmission capabilities that were demonstrated.
- B. Meetings with the County and vendors regarding electronic PPRs are upcoming within the next month.

- C. As of the meeting date, UCSD, Rady Children's, and Balboa hospitals have access to the Beacon system, with Sharp being very close.

**VI. ROC (Gary Vilke, M.D.)**

- A. The Amiodarone, Lidocaine, or Placebo Study (ALPS) is up and running, with six patients enrolled thus far.
- B. There are 16 patients currently enrolled in the Biomarker Lactate Assessment of Shock in Trauma (BLAST) study.
- C. Units outside of the city of San Diego are anticipated to be able to start the ALPS study in the middle of August. Some have already completed the initial training.

**VII. TRANSMISSION OF EKGs TO SMARTPHONES (John Serra, M.D.)**

- A. Several committee members submitted their email addresses to Dr. Serra before the meeting, and a demonstration was done showing that a 12-lead could be sent directly to those members' smartphones.
- B. Transmissions will already be going through the Beacon Hub, and this would be more those individuals who are interested in personally receiving EKG transmissions. For those who don't yet have access to the Beacon Hub, this could work as a stopgap measure.
- C. Only STEMIs and EKGs that are questionable will be transmitted.
- D. It was also suggested that for such positions as MICN, a generic email address could be set up for the position itself and the transmissions would not have to be sent to each individual.
- E. Security was brought up as a possible problem with this system for some hospitals. It was stated that the EKGs will be transferred without names or other personally identifiable information, and will instead identify patients just by age, sex, and the unit from which it was transmitted. There was a discussion about whether this is enough information to definitively identify a patient, and some believed there could be errors. AMR includes patient initials to avoid this problem. Others suggested a secure log-in website as a solution for security concerns.
- F. Regarding all concerns, it was emphasized that providing feedback will be the best solution to making the system run smoothly.
- G. The concern was raised that every item in a patient's Beacon file will have the patient's name except the EKG, and it won't be possible to verify that the EKG belongs to the patient.
- H. Dr. Vilke has a list of the secure email addresses for each hospital, which can be provided upon request.

**VIII. ITEMS FOR FUTURE DISCUSSION**

- A. Lynne Seabloom, R.N., had requested time in the September meeting to do a presentation on North County.

**X. SET NEXT MEETING/ADJOURNMENT**

The next meeting will be on September 18, 2012 at 11:00 a.m at Scripps La Jolla. There will be no meeting in August. The meeting was adjourned at 12:10 p.m.